

CERTIFICATE OF FETAL DEATH
(STILLBIRTH)

STATE FILE NO.

REGISTRAR'S NO.

48 20

PLACE OF FETAL DEATH AND USUAL RESIDENCE OF MOTHER 0202	1. PLACE OF FETAL DEATH A. COUNTY <u>Yuma</u>		2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?) A. STATE <u>Arizona</u> B. COUNTY <u>Yuma</u>	
	B. CITY OR TOWN <u>Yuma</u> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Dome</u> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
	C. FULL NAME OF HOSPITAL OR INSTITUTION <u>Yuma General Hospital</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>P. O. Box 6</u>	
THIS CHILD 4 154	3. CHILD'S NAME (TYPE OR PRINT) A. (FIRST) <u>Maria</u> B. (MIDDLE) <u>Maelia</u> C. (LAST) <u>Arias</u>			
	4. SEX <u>F</u>	5A. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5B. IF TWIN OR TRIPLET (THIS FETUS DELIVERED) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6A. DATE OF FETAL DELIVERY (MONTH) (DAY) (YEAR) <u>January 5, 1954</u>
FATHER OF CHILD 34	7. FATHER'S NAME A. (FIRST) <u>Ernest</u> B. (MIDDLE) C. (LAST) <u>Arias</u>		8. COLOR OR RACE <u>White</u>	9. AGE (AT TIME OF THIS BIRTH) <u>34</u>
	10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?) <u>Dome, Arizona</u>	11. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>	12A. USUAL OCCUPATION <u>Farm Laborer</u>	12B. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>
MOTHER OF CHILD 35	13. MOTHER'S MAIDEN NAME A. (FIRST) <u>Rita</u> B. (MIDDLE) C. (LAST) <u>Munez</u>		14. COLOR OR RACE <u>White</u>	15. AGE (AT TIME OF THIS BIRTH) <u>35</u>
	16. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>	17A. USUAL OCCUPATION <u>Housewife</u>	17B. KIND OF BUSINESS OR INDUSTRY <u>None</u>	18. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT INCLUDE THIS FETUS) A. HOW MANY CHILDREN ARE NOW LIVING? <u>9</u> B. HOW MANY CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? <u>none</u> C. HOW MANY OTHER CHILDREN WERE BORN DEAD AFTER 20 WEEKS PREGNANCY? <u>five</u>
INFORMANT 75	19. INFORMANT'S SIGNATURE <u>Rita N. Arias Dome</u>			
	20A. LENGTH OF PREGNANCY <u>38</u> WEEKS	20B. WEIGHT AT BIRTH <u>7#</u> LBS. <u>0</u> OZS.	21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR. <u>Twin pregnancy</u>	21B. STATE ANY OPERATION FOR DELIVERY <u>Cesarean</u>
MEDICAL INFORMATION 760	22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES <input checked="" type="checkbox"/> DATE <u>9/1/53</u> NO <input type="checkbox"/>		23. WHEN DID FETAL DEATH OCCUR? <input checked="" type="checkbox"/> BEFORE LABOR <input type="checkbox"/> DURING LABOR <input type="checkbox"/> UNCERTAIN	
	I. DIRECT CAUSE OF FETAL DEATH..... (A) <u>Not known</u>			
PROBABLE CAUSE OF FETAL DEATH (ITEM 24) 395	UNDERLYING CAUSE (FETAL OR MATERNAL CONDITION, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST)		DUE TO (B) _____	
			DUE TO (C) _____	
CERTIFICATION 5	II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS OF FETUS OR MOTHER CONTRIBUTING TO FETAL DEATH, BUT NOT RELATED TO DIRECT CAUSE OF FETAL DEATH) <u>Twin pregnancy</u>			
	I HEREBY CERTIFY THAT I ATTENDED THIS DELIVERY AND THE FETUS WAS BORN DEAD ON THE DATE STATED ABOVE.		25A. ATTENDANT'S SIGNATURE (SPECIFY IF M.D., MIDWIFE, OR OTHER) <u>John G. Nelson</u>	25B. DATE SIGNED <u>1/6/54</u>
FUNERAL DIRECTOR AND REGISTRAR 93	25C. ATTENDANT'S ADDRESS <u>Yuma, Ariz.</u>		26. SIGNATURE OF CORONER OR MEDICAL EXAMINER _____ TITLE _____	
	27A. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>	27B. DATE <u>Jan. 21, 1954</u>	27C. NAME OF CEMETERY OR CREMATORY <u>Yuma-Catholic</u>	27D. LOCATION (CITY, TOWN OR COUNTY) (STATE) <u>Yuma, Yuma, Arizona</u>
	28A. DATE REC'D BY LOCAL REGISTRAR <u>Jan 6, 1954</u>	28B. REGISTRAR'S SIGNATURE <u>John G. Nelson</u>	29. FUNERAL DIRECTOR <u>The Johnson Mortuary, Inc. Box 310, Yuma, Ariz.</u>	